



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 10-12-05Time Start 1:50pm

Time Finished _____

HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company Name Pequea Machine Inc. ID Number PAR000503813
 Address 200 Jalyn Dr., New Holland, PA
 County Lancaster Municipality Earl Twp. ZIP 17557
 Name of Inspector Randy Weiss
 Name & Title of Responsible Official Dennis Skibo - Owner
 Person Interviewed Ryan Skibo Telephone (717) 354-4343
 Mailing Address (if different from above) P.O. Box 399, New Holland, PA 17557
 Amount of Hazardous Waste Generated per Month: _____ kg _____ approx. 30 lbs
 Waste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No
 Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐
 Universal Waste Types _____

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.
☒ Off -Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim status under Chapter 265.
☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).
☐ Off-Site in a permitted municipal or industrial facility in another state.
☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.
☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

2. Hazardous Waste Transportation: Self Transportation ☐ Yes ☒ No

If No: Transporter Name Safety-Kleen Systems, Inc.
 License Number PA-AH0172

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
F003, F005	Waste Paint Related Material	Safety-Kleen Systems, Inc. - Smithfield, KY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT**INSPECTION REPORT COMMENTS**Date of Inspection 10-12-05 Identification Number PAR000503813Company/Facility/Site Name Pequea Machine Inc.

A routine inspection of the facility was conducted by Randy Weiss from the Department accompanied by Ryan Skibo and Frank Mikolic. This facility is listed by E.P.A. as a small quantity generator of hazardous waste.

Hazardous waste is generated at this farm machinery manufacturing facility from cleanup of paint lines. One drum of paint waste was observed in the "paint kitchen," the storage room for paint products also. The drum was closed, in good condition, and properly labeled.

No areas of concern were noted during the inspection of the facility.

Mr. Skibo stated that one or two drums of waste is generated per year. The most recent manifest was faxed to the Department following the inspection. The manifest documents disposal of one drum of waste paint related material on 10-29-03.

The facility is operating as a conditionally exempt small quantity generator of hazardous waste. The Department recommended that Pequea Machine Inc. submit a subsequent notification to officially change the generator status, in accordance with 25 Pa. Code 262a.12(b)(1)(v). A copy of the renotification form will be mailed to Pequea Machine Inc. along with a copy of this report.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature) (mailed) Date 10-17-05Inspector (Signature) Randel S. Weiss Date 10-14-05Page 4 of 4



United States

Environmental Protection Agency

**ACKNOWLEDGEMENT OF NOTIFICATION OF
REGULATED WASTE ACTIVITY (VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.:

PAR000503813

Installation Address:

PEQUEA MACHINE
200 JAYLN DR
PEQUEA MACHINE
NEW HOLLAND, PA 17557

Mailing Address:

200 JAYLN DR
NEW HOLLAND, PA 17557
ATTN: DENNIS SKIBO, PRESIDENT

ATTENTION: All initial and subsequent Notifications of Regulated Waste Activity submitted after October 1, 2001, should be sent to the following address:

PADEP
Bureau of Land Recycling and Waste Management
Division of Hazardous Waste - Notification Section
P.O. Box 8471
Harrisburg, PA 17105-8471

The contact telephone number is (717) 787-6239.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 02-6-EPA-07

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PA 2000503813
AD 987285376

new location
new ID

II. Name of Installation (Include company and specific site name)

P e q u e a M a c h i n e

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 0 0 J a y l n D r.

Street (Continued)

City or Town

N e w H o l l a n d

State

Zip Code

P A 1 7 5 5 7 -

County Code

County Name

0 7 1 L a n c a s t e r

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2 0 0 J a y l n D r.

City or Town

N e w H o l l a n d

State

Zip Code

P A 1 7 5 5 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

S k i b o

D e n n i s

Job Title

Phone Number (Area Code and Number)

P r e s i d e n t

7 1 7 - 7 6 8 - 3 1 9 7

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

☒
☐
☐

2 0 0 J a y l n D r.

City or Town

N e w H o l l a n d

State

Zip Code

P A 1 7 5 5 7 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

D e n n i s S k i b o

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

7 1 7 - 7 6 8 - 3 1 9 7

P

Yes

No

Please print or type with 5/16" (1.6 mm) line spacing (per inch) in the indicated areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
a. Greater than 1000 kg/mo (2,200 lbs.)
b. 100 to 1000 kg/mo (200-2,200 lbs.)
c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mark in boxes 1-5 below)
a. For own waste only
b. For commercial purposes

Mode of Transportation

1. Air
2. Rail
3. Highway
4. Water
5. Other - specify

3. Treater, Storer, Disposer (at installation; Note: A permit is required for this activity; see instructions.)
4. Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Boiler or Industrial Furnace
1. Smaller Deferral
2. Small Quantity Exemption
Indicate Type of Combustion Device(s):
1. Utility Boiler
2. Industrial Boiler
3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
a. Marketer Direct Shipment of Used Oil to Off-Specification Burner
b. Marketer Who First Cleans the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type of Combustion Device(s):
a. Utility Boiler
b. Industrial Boiler
c. Industrial Furnace
3. Used Oil Transporter - Indicate Type of Activity(ies):
a. Transporter
b. Transfer only
4. Used Oil Producer/Refiner - Indicate Type(s) of Activity(ies):
a. Process
b. Re-refining

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.23 - 261.24)

Ignitable (261.23)	Corrosive (261.24)	Reactive (261.25)	Toxicity Characteristic (261.26)	Other (261.27)
X				

B. Listed Hazardous Wastes (See 40 CFR 261.21 - 261.22; See instructions if you need to list more than 12 waste codes)

1 F 0 0 3 7	2 F 0 0 5 6	3 5	4 C	5 7	6 8
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C. Other Wastes (State or other wastes requiring a triangle to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information furnished hereon is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: Dennis M. Shults
Name and Official Title (Type or print): President
Date Signed: 9/4/01

XI. Comments

BAH, AK, 9/6/01

Note: Mail this form to the EPA Regional Office, 400 M Street, S.W., Washington, D.C. 20460, or to the nearest EPA Regional Office.

**TIER DE, Inc.**

300 Jefferson Avenue
Downingtown, PA 19335
(610) 873-2488
(610) 873-4094 fax

Cover Sheet for
Fax Transmittal

DATE:

9-4-01TOTAL NUMBER OF PAGES:
(including cover sheet)4

TO:

Lisa Brannigan

COMPANY:

USEPA - Region III

FAX NUMBER:

215/814-3114

FROM:

Jennifer Wendel

ADDITIONAL INFORMATION:

Need a new EPA ID #issued to this new location

** Should you have any problem receiving this Fax Transmittal, please call
(610) 873-2488 to receive assistance.

